_								<u> </u>		· .			
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									App	Application or Docket Number $101597901$			
1		CLAIMS /	AS FILED -	- PART I				SMALL EN	TITY	<del></del>	OTHER	<del>/</del> R THAN	
	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	(Colum	nn 1)	(	(Column 2)		TYPE		OR.			
U.S	3. NATIONAL	. STAGE FEES		·				RATE	FEE	7	RATE	FEE	
BAS	SIC FEE		SMALL ENT.	i. = \$ 150	LARC	GE ENT. = \$ 300	1	BASIC FEE	150	OR	BASIC FEE	<del> </del>	
EXA	AMINATION FE	EE	Satisfies PCT-A (4) = \$ 50			ther situations = 100 / \$ 200		EXAM. FEE	1/44	†	EXAM. FEE	<del> </del>	
SEA	ARCH FEE	•	U.S. is ISA = \$ ALL other cou \$ 200 / \$	\$ 50 / \$ 100 ountries =	All oth	ther situations = \$250 / \$500		SEARCH FEE		1	SEARCH FEE	<del> </del>	
FEE	E FOR EXTRA S	SPEC. PGS.	min	nus 100 =		/ 50 =		X \$ 125 =		1 /	X \$ 250 =	1	
TOTAL CHARGEABLE CLAIMS			42mi	inus 20 = .		22		X \$ 25 =	550	OR	X \$ 50 =	<del>                                     </del>	
INDI	EPENDENT CL	_AIMS	6 m	minus 3 = *				X \$ 100 =	217	OR	X \$ 200 =	<del>                                     </del>	
MUL	TIPLE DEPEN	NDENŤ CLAIM PRE	ESENT	SENT				+ \$ 180 =	-W-	OR	+ \$ 360 =	<b> </b>	
* If	the difference	e in column 1 is l	less than zero	), enter "0" i	in co	lumn 2		TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL E		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	- :-[	RATE .	ADDI- TIONAL FEE	
AMENDMENT A	Total	*	Minus:	**		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	w	Minus	***		=		X \$ 100 =	-	OR.	X \$ 200 =	<del>.</del>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
							T	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
<del></del>		(Column 1)	,	(Column 2		(Column 3)		<u></u>	·	_			
MTB		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDIMENT B	Total	*	Minus	**	- =	=		X \$ 25 =		OR	X \$ 50 =		
AME.	Independent	*	Minus	***	-	=	1;	X \$ 100 =		OR	X \$ 200 <sub>.</sub> =	•	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEPE	NDENT CLA	JM		1	+ \$ 180 =		OR	+ \$ 360 =		
			***************************************				Ŀ	OTAL ADDIT. FEE		OR T	TOTAL ADDIT. FEE		
F								, flate <u>n</u>			,		
							• •			_			

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.